



**Department of
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Qs & As

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Severely Disabled Veterans Get Health Care Priority from VA

What is a "severely disabled veteran"?

The phrase "severely disabled veteran" is an informal phrase for veterans with service-connected disabilities rated at 50 percent or higher.

How will the priority work?

The health care priority includes inpatient and outpatient services. It covers treatment for service-connected and nonservice-connected medical problems for these veterans. If an initial clinic appointment cannot be scheduled within 30 days or a subsequent visit for an established patient cannot be scheduled within the timeframe determined by the veteran's clinician, other arrangements will be made. The patient would be seen at another nearby VA health care facility or obtain the needed services at a community or DoD facility at VA's expense if the patient so desires. Of course, patients with medical emergencies will always be treated first in any VA medical facility.

Don't the new regulations also authorize health care priority for all veterans seeking care for service-connected medical problems?

Yes. The new regulation establishes priority access to care for veterans who want VA medical treatment for service-connected conditions. The initial implementation will focus on access to care for veterans who are at least 50 percent service-connected. VA will implement priority access for veterans seeking care for a service-connected disability next year.

What about veterans whose incomes are below VA's means test threshold (\$24,304, single; \$29,168, married) or who need VA's specialized services, such as care for spinal cord injury, blindness or loss of extremities?

Part of VA's core mission is to provide services to these veterans with medical problems not related to their military service. The law, however, does not permit VA to give priority to these veterans.

How many veterans are currently on wait lists to get VA health care? How many are rated 50 percent or higher?

A recent VA survey has found more than 280,000 veterans on wait lists to get routine appointments or who are waiting more than six months to see a doctor. This fall, VA will implement a new computer application at all facilities that will provide more current and more complete information about the number of patients

waiting for VA care. Information from the computer application will include the number of veterans rated 50 percent or greater.

Why does VA have such long wait lists?

The number of users receiving VA's health care has risen dramatically in recent years, increasing from 2.9 million in 1995 to a projected 4.4 million in 2002. On a typical day, more than 54,400 veterans are inpatients in VA hospitals or nursing homes and more than 130,000 veterans receive VA outpatient care. An additional 600,000 veterans are projected to enroll in VA health care in 2003. VA did not anticipate this dramatic increase in enrollment.

Does this mean that thousands of veterans are going without health care?

It is important to understand that any veteran-patient regardless of service connection will be seen promptly if a medical condition warrants immediate treatment. Additionally, an unknown, but significant number are receiving care from private physicians or are Medicare-eligible and come to VA for the pharmaceutical benefit. Approximately 48 percent of veterans enrolled in VA health care are 65 years and older. Additionally, many veterans enroll simply to establish a backup for their current medical care or they may be receiving care at one VA facility, but seeking care at a more convenient site.

Why are veterans coming to VA in such large numbers?

Several factors contribute to the large number of veterans seeking health care from VA:

Quality: A major part of the reason for the dramatic increase in veterans seeking health care services from VA is the public understanding that has grown over the past several years that VA offers the highest quality of clinical care in the country.

Access: Once mostly a hospital system where illness was treated in its latter stages, VA health care is now a system focused on prevention of disease, early detection, health promotion and easy access. In the last four years, VA opened more than 400 community-based clinics, bringing the number of ambulatory care and outpatient clinics to more than 800.

Pharmacy Benefit and Aging Veteran Population: Excellent pharmaceutical benefits that are needed by an aging veteran population – 37 percent of the nation's veterans are above the age of 65, compared to 13 percent of general population. In 1990, VA furnished \$715 million worth of pharmaceuticals to veterans. In FY 2001, the total was \$2.5 billion. In 2002, VA expects that figure to be more than \$3 billion.

Open enrollment: Since 1998, VA has provided a comprehensive health care package, within available resources, to all eligible veterans who enroll.

Reputation: The most recent American Customer Satisfaction Index survey gave VA a score of 82 on inpatient customer satisfaction (scores of 80 or above are rated "very good") and 83 on outpatient satisfaction. Both are well above the private hospital average. VA patient loyalty scored 91. VA medical facilities receive JCAHO and CARF accreditation scores on a par with private sector facilities.

When did VA begin enrolling all veterans?

Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, directed VA to establish a national enrollment system to manage inpatient and outpatient care for veterans. The law required that on or after Oct. 1, 1998, most veterans must enroll to receive care, but the law exempted those seeking treatment for service-connected disabilities and veterans with service-connected disabilities rated at 50 percent or more.

What exactly is enrollment and what are the priority categories?

To receive health care, veterans generally must be enrolled with VA. Veterans do not have to enroll if they have a service-connected disability rated 50 percent or more, or if they seek care for a service-connected disability. To permit better planning of resources, however, all veterans are encouraged to enroll.

VA has a national enrollment system to prioritize health care services for veterans and to provide quality care to those enrolled. It is based on seven categories of patients, with category 1 receiving the highest priority. Category 7 veterans are those with higher incomes who have no service-connected disabilities or have a disability that is officially rated as "noncompensable zero percent service-connected." Category 7 veterans must agree to make copayments to receive hospital care and outpatient medical services.

Are current wait lists prioritized by the veteran's priority level?

VA does not prioritize wait lists by the priority level of the veteran. Access to care has been on a first-come, first-serve basis. The new regulation will give a priority for health care to severely disabled veterans. However, VA medical facilities will see a veteran immediately if that person's medical condition is critical and he or she needs care right away.

What can VA do to help cut back on wait times?

Over the past five years, VA has aggressively been shifting care to ambulatory care settings when appropriate, streamlining the patient treatment process and increasing the capacity of VA ambulatory care clinics. This nationwide effort has enabled VA in some areas of the country to maintain reasonable wait times despite unprecedented demand for service. However, the demand continues to grow.

To find solutions, a number of actions have been taken:

- VA is working with the Institute for Healthcare Improvement to reduce waiting times by optimizing clinic efficiencies.
- Secretary Principi convened a task force to implement national strategies to reduce the backlog.
- Veterans Integrated Service Networks (VISNs) were asked to identify local actions to eliminate the backlog.
- VA has begun a nationwide system to track patients on wait lists.
- Clear, concise national policy documents are being written that identify the process that each VISN will follow to enroll patients for clinical care and when to place patients on a wait list.

What is the national Advanced Clinic Access Initiative?

The goal of the project is to build an advanced clinic access system that can achieve and sustain access levels and patient flow times that meet or exceed the current VA performance standards -- new patient appointments within 30 days, appointments with a specialist within 30 days of referral and patients seen by providers within 20 minutes of their scheduled appointment.

Some of the resources that the Advanced Clinic Access Initiative has produced to date include the following:

The Time Has Come Video – A 10-minute video featuring four VA facilities that have made dramatic improvements in inpatient waiting times for appointments. It features VA physicians and clinic staff talking about the effect that improved access has had for their patients as well as for them.

A 46-minute technical video discussing the key changes that can be made in VA clinics to improve access. This is designed to be used with clinic staff who need more detailed information about advanced clinic access.

Key Changes for Advanced Clinic Access – A description of the recommended strategies for improving clinic access and the specific changes that every clinic can make to achieve advanced clinic access.

Some Ways to Get Started on Improving Access in Your Clinic – A one page primer on specific steps that individual providers can take to immediately begin reducing waiting times for appointments in their clinics.

Monthly Data Reports from a VA database, including Hot Spot reports that highlight clinics with waiting times greater than 120 days.

When will the new regulation become effective?

The new regulation was published in the *Federal Register* as an interim final rule and became effective September 17.

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